

## *Transition Partnership Planning Form*

For Local Schools, ESUs, and Voc Rehab Offices

The purpose of this Transition Partnership Planning Form is to promote a coordinated effort between the local school, ESU and the local Vocational Rehabilitation Office in providing an effective transition from school to work for students with disabilities. Prior to agreeing on the operating procedures below, educators may want to review “Arranging Transition Services with Vocational Rehabilitation—A Guide for Educators.” This publication is available in hard copy from the Voc Rehab Specialist.

***School Contact***—What is the building reporting procedure? What work space will be available to the Voc Rehab Specialist?

***Orientation***—What opportunities will be made available to provide a Voc Rehab orientation to educators and to new students grades 9-12?

***Referral Process***—How will students be referred to Voc Rehab and how will information be exchanged? How will student release time be handled?

***Group Activities***—What opportunities will be made available for students to interact with Voc Rehab staff in a group setting in the school?

***Employer Connections***—What opportunities will be made available for students to learn from employers?

**Community Resource Connections**—What opportunities will be made available for students and their families to learn about resources in the community?

**Consultation Services**—How and when will Voc Rehab staff be available for individual or group consultations with students grades 9-12 and/or their parents?

**Schedule**—What is the planned schedule of events and activities for Voc Rehab staff at the school?

**Outcomes Expected**—Describe the expected student outcomes to be achieved as a result of the partnership.

**Annual Evaluation**—Describe the process to evaluate the effectiveness of the transition partnership and responsible parties.

**Voc Rehab Report to School**—Name of school representative to receive report:

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*Local School Representative*                      *ESU Representative*                      *Voc Rehab Representative*

\_\_\_\_\_  
*Name of School*                      *ESU #*                      *Name of Local Voc Rehab Office Director*

\_\_\_\_\_  
*School District Number*